

**JOIN US IN THE FOOD FIGHT...
BECOME A MONTHLY DONOR.**



BANKING AUTOMATIC-DRAFT SIGN UP

COMPANY NAME: Extra Table Inc.
COMPANY TAX ID: 27-3779135

I hereby authorize **EXTRA TABLE INC.**, hereinafter called **COMPANY**, to initiate debit entries to my (our):

Checking Account (Please check one)
 Savings Account

Indicated above and the depository named below, hereinafter called **DEPOSITORY**, to debit the same such account.

I (we) understand that my contribution of \$ _____ will be drafted from my (our) account on the:

1st of each month (Please check one)
 15th of each month

Please direct my donation to:

Administration (1st only) Food (1st or 15th) Circle your choice.

If you chose Food, please write in the pantry, soup kitchen or region that you would like to support.

If you do not have a specific location in mind, allow us to use your donation in areas of high food insecurity.

Specify the pantry, soup kitchen or region here: _____

YOUR NAME: _____

NAME ON ACCOUNT: _____

DEPOSITORY NAME (Your Bank): _____

TRANSIT/ABA NO. (Routing Number): _____

ACCOUNT NUMBER: _____

MAILING ADDRESS: _____

CITY, STATE, ZIP: _____

EMAIL ADDRESS: _____

PHONE NUMBER: _____

This authority is to remain in full force and effect until **COMPANY** and **DEPOSITORY** has received written notification from me of its termination in such time and in such manner as to afford **COMPANY** and **DEPOSITORY** a reasonable opportunity to act on it.

NAME (please print): _____

SIGNATURE: _____ **DATE:** _____

***ATTACH A VOIDED CHECK**

*If you prefer mail, then mail this form and a voided check to **EXTRA TABLE, 101 MADISON PLAZA, HATTIESBURG, MS 39402.***

If you prefer to scan and email, then send this form and a voided check to martha@extratable.org.

FOR MORE INFORMATION OR QUESTIONS REGARDING AUTO DRAFTS, CALL 601-264-0672 OR EMAIL MARTHA@EXTRATABLE.ORG